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**** CONTINUING DATA ******* *SPB*

**** FOREIGN APPLICATIONS ******* *SPB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials _____	STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 6
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TITLE
 Nucleic acid amplification and detection

FILING FEE RECEIVED 884	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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